

MEDICAL AND SURGICAL REPORTER.

No. 337.]

PHILADELPHIA, MAY 2, 1863.

[VOL. X.—No. 1.

ORIGINAL DEPARTMENT.

Lectures.

LATERAL CURVATURE OF THE SPINE.

BY PROF. LOUIS BAUER, M. D.

Of Brooklyn, N. Y.

Scoliosis.

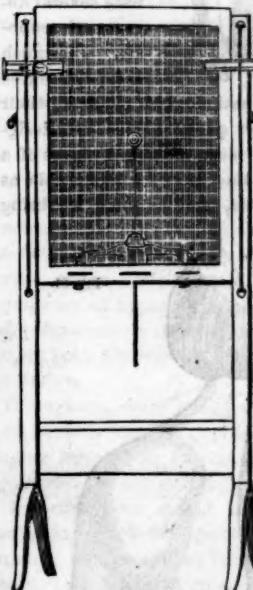
The diagnosis of scoliosis habitualis meets with no difficulty. In incipient cases, a plummet line suspended from the spinous process of the 7th cervical vertebra will show the slightest deviation from the perpendicular. In advanced cases, eye and hands will suffice. Some difficulty is however, experienced in ascertaining the changes which the deformity may undergo during the treatment, either for better or worse. And as this is of importance we will acquaint you with the best method to define such changes.

Formerly plaster casts of the trunk were taken from time to time and their respective differences determined by comparison. This method, is however, deceptive. For, in order to take a mould of the trunk, the patient has to be placed in a horizontal position, which of course relieves the spine of its superincumbent weight. As long as the spinal column has retained a part of, or its entire abnormal flexibility, it will almost be impossible to get a true copy of the exact deviation which the patient presents in the erect posture. Per accident we may obtain a representation greater or less than the exact deformity. Pretenders avail themselves of this circumstance for the purpose of deluding their patients, by artificially aggravating the deformity for the first mould, and take good care to get better forms for the subsequent ones.

In advanced cases of scoliosis, the plaster casts become more truthful, and therefore more reliable representations, because the flexibility of the spine has generally become extinct, the deformity more stable, and all the anatomical parts concerned in the same have assumed a more permanent shape. But even in these, deception may be practiced by placing one side higher than the other. In order to obviate possible error, DR. BEUHRING has introduced a very ingenious contrivance, by means of which the contours of the form can be accurately

taken in an expeditious manner. The principal part of the apparatus is a glass plate, sixteen inches by twenty in size, the frame of which is moveable on an erect scaffold. The glass plate is divided by lines in half square inches. From the centre of the upper part of the frame a plummet line is suspended. At the side of the scaffold a contrivance is affixed, designed to grasp around the arms of the patient below the insertion of the deltoid muscle, and at the lower part of the frame a horizontal projection is placed, upon which a movable dioptror is fixed upon a vertical staff. You see the apparatus in all its parts and simplicity

Fig. 62.



before you (Fig. 62), and we shall now proceed to exemplify its practical usefulness. In placing the apparatus with its dioptror toward the light, and the patient behind it, you have then to adjust the glass plate so as to cover the entire trunk. Next you fasten the arms of the patient to the scaffold, and to render him thereby immovable, you take care that the patient stands with his spine in the median line of the plate as straight as possible, and with his heels

together. By means of a delicate camel's-hair brush and some paint, you draw the lines of his contours accurately upon the glass; lastly, you suspend the plummet line corresponding with the spinous process of the 7th cervical vertebra, and by means of the dioptror the curved line of the spine and its deviation from the plummet line can be accurately marked.

After the patient has been released from his position, you place a sufficiently large sheet of paper on the plate, and trace the lines of the body there.

on. In this simple manner (Fig. 63,) you can procure at any time, and as often as you deem necessary, the existing deviation of the spine and compare it with the preceding representations, and thereby relieve your patients, not only of a material expense, but likewise from exposure to manual hands.

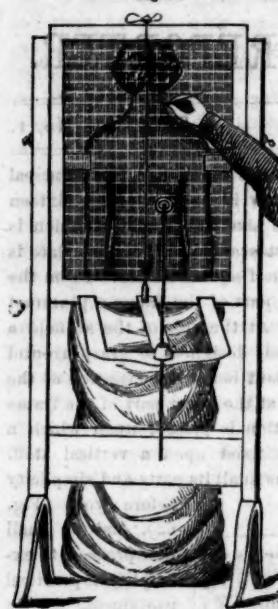


Fig. 63.

are not qualified by pathological changes, their scientific value is rather questionable; yet, designating the incipient or more advanced stages of a continuous infirmity, they may be admissible as conventional expedients, and as such we bring them before you.

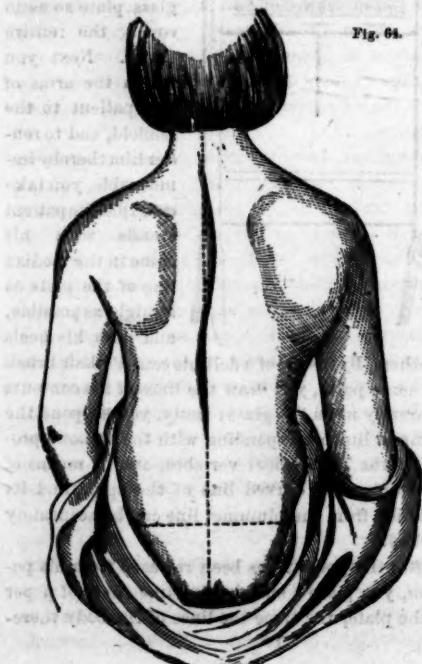


Fig. 64.

The first degree (BUERRING,) manifests itself as an exception of the *normal* lateral curves, that is to say, the thoracic portion of the spine inclines more to the right, whereas the lumbar portion may be unchanged or slightly deviate to the left. on Fig. 64, you have an exemplification of the first degree. The perpendicular is indicated by a dotted line traversing the transverse diameter of the pelvis. The tension of the thoracic curve is about $2\frac{1}{3}$; the lumbar curve is not noticeable. The plummet line passes on the left of the rima natum, notwithstanding that the spine has almost entirely preserved its perpendicular. There are not as yet secondary deformities of the trunk, and the hand can easily correct the curvature.

Fig. 65.

In the second degree, as represented in Fig. 65 and in thiscast of

a young lady (Fig. 66,) the trunk manifestly inclines toward the right; the plummet line passes an inch to the right of the median line of the sacrum; the tension of both the thoracic and lumbar curves are marked; the shoulder-blades have already changed their relative positions and the ilium is more prominent. There is, however, as yet, no torsion of the spine, nor are there permanent changes in its anatomical constituents. By means of the hand, or suspension of the patient in GLISSON's swing, the curvature can be corrected; the flexibility of the spine is consequently still preserved.



Fig. 65.



Communications.

FIVE CASES OF GUN SHOT FRACTURE OF THE FEMUR.

Successfully treated with "Smith's Anterior,"
by Charles A. McCall, M. D., U. S. A.

By ELLIOTT COUES, M. D., U. S. A.

Of Washington, D. C.

After the battle of Fredericksburg, December 13, 1862, three cases of gun shot fracture of the femur were received at the Mount Pleasant U. S. General Hospital, under charge of CHARLES A. McCALL, Assistant Surgeon, U. S. A. These, with two other cases from the second Bull Run battle, in the Stone Hospital, at that time also under charge of the same Surgeon, present in such a favorable light the chances of success by careful treatment, as compared with the results of amputation that they appear worthy of publication.

Admitting the fact, now generally conceded by Army Surgeons, that secondary amputation of the thigh is, except under peculiarly favorable circumstances, *almost* invariably fatal, it becomes a matter for serious consideration, whether *treatment* in many of the cases usually consigned to the knife, does not offer some probability of success! And if so, what are these cases, and what mode of treatment is most to be relied on?

The five following cases, though presenting some differences among themselves, still agree in essential features, and would seem to indicate the amount of injury which can be sustained, with reasonable expectations of a favorable issue of the attempt to save both life and limb. In all, the fractures were *uncomplicated*, there was no injury of important vessels or nerves. This is of the first importance. Secondly, there was comparatively slight comminution in three of the cases, in two no comminution could be diagnosed; and the cases which approached the nearest to "simple compound" fractures, if the expression be allowable, recovered the soonest, notwithstanding the lodgement of the missile where it could not be found. In two of these cases it was ascertained positively that the missile was a round ball, and not a minie, and in the other three this was supposed to be also the case. With the foregoing amount of injury to the parts, the cases here presented seem to show that reasonable hopes of a favorable issue may be expected, if the patient have an ordinary degree of constitutional vigor.

Regarding the mode of treatment, Dr. McCall is decidedly in favor of the use of Smith's anterior splint. For use in military hospitals it combines advantages that perhaps can be attained by no other. It is inexpensive, light, easily portable,

and can readily be adjusted under all circumstances. It is also exceedingly comfortable to the patient, during the long time that he must be confined to bed. Laying on a water bed, if one is procurable, with the injured limb easily swung from the ceiling or from a frame, he is placed under as favorable circumstances as possible. This splint also admits of ready inspection and dressing of the wound, wherever it may be situated, by fenestration of the bandages over the affected part; and if other support than that of the bandages is deemed advisable, it may easily be applied in the form of tin or stiff pasteboard, so moulded as to fit the posterior aspect of the limb. Any amount of extension which is allowable in these compound fractures can readily be applied. Dr. McCall is of opinion, however, that extension should be very cautiously made use of. The object is rather to save life and limb with *any* amount of shortening, than to produce a perfect leg, and the extension necessary to prevent any deformity might produce serious or even fatal irritation at the seat of fracture. In case the fracture is oblique, Dr. McCall thinks that the fragments should be allowed to overlap each other a very little, the greater amount of surface for the deposition of callus more than compensating for the additional deformity. The cases seem to confirm the correctness of these views.

CASE I.—B. H. B., Co. I, 2nd Vt. Vols., wounded at Fredericksburg, December 13th, admitted December 18th, splint applied December 20th. Ball entered outer aspect of left thigh passed directly inward and a little upward, producing fracture at juncture of upper and middle thirds of femur. Ball lodged among the adductor muscles, and has not yet been discovered; whether round or minie not known.

Throughout, every symptom favorable, appetite good, bowels regular, spirits cheerful. Pulse ranging from 80 to 95, being usually somewhat accelerated toward evening, when slight touches of irritative fever would be apparent. Wound discharging perfectly healthy pus from the beginning; no abscesses or burrowing of pus in any direction; lodged ball created no irritation; diet full, generous, with whisky or porter; no medicine except a Dover's powder occasionally at night.

On the forty-ninth day from receipt of wound, the opening was completely closed; union was perfect, the patient walking about the hospital; shortening barely three-fourths of an inch; no other deformity.

CASE II.—J. S. S., Co. K, 132d Pa., Vols., wounded December 13th, admitted December 20th, splint applied December 30th. Ball, probably a round one, entered right thigh just posterior to trochanter major, passed downward, forward,

inward, fracturing the bone at about junction of upper and middle thirds. The ball split on the bone; about a third of it passed down the thigh on its outer aspect to below the middle, where it was extracted, the larger portion remaining impacted; comminution slight, if any.

Symptoms all pretty favorable from the beginning; appetite good, bowels regular, pulse rather high, averaging about 100, with a slight degree of irritative fever. Discharge healthy, of normal quantity; no burrowing of matter, nor metastatic abscesses anywhere. A very slight degree of erysipelatous inflammation appeared around the wound two or three times, but it quickly subsided. Not the least pain felt at any time.

Treatment: Full diet, whisky punch, with iron and quinine. Tr. ferri chloridi exhibited while there were any appearances of erysipelas about the wound.

At present, March 8th, union is complete, and the splint is discontinued. The wound still discharges slightly. Shortening about one and three-quarter inches.

CASE III.—H. H., Co. A., 8th Ohio, wounded at Fredericksburg December 13th, admitted December 20th, splint applied December 22d. Ball entered left thigh directly in front, about five inches above the joint; passed inward, upward, backward, emerging just below and internally to insertion of gluteus maximus, fracturing and comminuting the femur at very nearly its middle.

This was a more serious injury than the two preceding. There was comminution of the bone, several pieces presenting and being removed. Pus burrowed some distance up beneath the rectus muscle. Discharge at first somewhat dark colored, ichorous and offensive; soon however, becoming more healthy; appetite rather poor, with considerable diarrhoea. Pulse averaging rather over a hundred; considerable hectic, alternating with chills; countenance anxious and pale; spirits depressed; general state of things evidently tending towards pyæmia.

Treatment vigorously tonic and stimulant, generous diet, with whisky or porter, and iron and quinine in wine; also Tr. ferri chlor. freely. Under this regimen all the symptoms became more favorable; while the fracture continued steadily uniting. At present, March 8th, the wound still discharges considerably, and it has not been deemed advisable to remove the splint; but the favorable termination of the case is quite certain. The shortening is only about one and three-quarter inches.

CASE IV.—P. C., Co. C. 11th Mass. Vols.; wounded at Bull Run, June 25th, admitted June 29th, splint applied July 12th. Injury, a round ounce ball entered outer anterior aspect of thigh

five and half inches below anterior superior spinous process of the ilium, passed inward, upward, backward, and presented about an inch below the anus, where it was cut out. It produced a nearly direct, more or less, comminuted fracture of lower part of upper third of femur.

The leg was exceedingly painful throughout. It was necessary to etherize the patient to apply the splint; and the least pressure of one part of the bandage more than another produced great pain. The discharge was very profuse, but always perfectly healthy.

July 20th, well padded pasteboard splints were applied to the posterior aspect of the thigh, and seemed to be more comfortable than the simple bandages. The foramen of exit, where the ball was cut out, closed in two weeks; the foramen of entrance did not close until the last week in November, but the discharge for a month or more was very slight, perhaps 3*iv.* per diem. No burrowing of pus, or abscesses.

Constitutional symptoms manifested themselves chiefly in great irritability of mind, depression of spirits, and restlessness. No hectic of any consequence. Patient had five or six quite severe attacks of gravel, which induced irritability, dejection, loss of appetite, vomiting, etc., and greatly retarded his recovery. The most constant care and watching were necessary.

Treatment throughout, full diet, with iron and quinine, varied with gentian and other vegetable tonics. Porter, or spirits continually. September 20th, medicines discontinued; same diet kept up.

Anterior splint taken off September 25th, just three months after wound. The knee joint was somewhat stiffened; and for ten days patient lay in bed with the posterior pasteboard splint continued while passive motion entirely prevented ankylosis of the knee. Able to go about October 10th. Shortening of limb two and a quarter inches. Upper fragment forms a slight prominence forward and outward. Bony union perfect.

CASE V.—G. J. W., Co. D., 20th Indiana Vols., wounded at Bull Run, June 25th, 1862; lay twenty-four hours on the field. Admitted June 29th; anterior splint applied July 12th; posterior pasteboard splint applied July 17th, changed for an accurately fitting tin splint July 27th.

Injury.—Ball entered two inches below tuber ischii, passed forward, outward, and little downward, emerging six inches below the anterior superior spinous process of ilium, in a line drawn from that spine to the outer edge of patella. It caused compound, considerably comminuted fracture of lower part of upper third of femur. It was a very oblique fracture, the extremity of the upper fragment at least three inches below the foramen of exit.

In this case both the constitutional and local symptoms were more severe than in any of the others, and altogether the case was a critical one. The discharge was profuse, and generally rather sanguous than laudable. Four abscesses formed and broke. The first, August 1st, near the foramen of entrance; the second, August 15th, over the trochanter major; the third, October 20th, on the outer aspect of lower third of thigh; the fourth, November 4th, just below Poupart's ligament, between the sartorius and adductors. The forming of each of these abscesses was accompanied with great pain and swelling and tenderness of the parts; and induced serious constitutional disturbance, chills alternating with pyrexia, etc. The discharge was thin and sanguous. Discharge from the original foramina was very sensibly diminished about the middle of October. The foramen of entrance closed about November 1st; that of exit about three weeks later, after having crept about three inches above its original situation. The tumefaction of the whole leg was all along considerable, and it was also very painful; stiffening of the knee much as in case IV.

Treatment vigorously tonic and stimulant, much as in case IV. For profuse night sweats which occurred during the whole month of August, Ac. sulph. arom., gtt. xv. Appetite pretty good all along, and bowels regular.

Anterior splints dispensed with September 25th. Bony union was evident by the middle of that month. For two weeks more patient confined to bed in an easy position, the leg well supported on pillows; and passive motion of the somewhat stiffened knee joint employed.

Shortening of leg two and a quarter inches. Some deformity of thigh, from projection of upper fragment of bone. This case presents a good illustration of the troublesome, unhealthy abscesses that are likely to occur, the perfect exemption from which of the four other cases being somewhat remarkable.

A CASE OF PLACENTA PRÆVIA.

By JOHN C. HUPP, M. D.,
of Wheeling, Va.

On Saturday, March 7th, 1863, I was called at six o'clock, P. M., to see Mrs. V——, in the latter period of her seventh pregnancy. She lacked fifteen days to the completion of her term.

About one o'clock, P. M., while in the act of vomiting, she was attacked with pain in the back, which gradually disappeared on assuming the recumbent position.

Near the hour of four o'clock, P. M., she was seized with profuse and alarming discharge of blood from the vagina.

I found my patient with a weak, small, slow pulse and excited mind; her countenance pale and evincing anxiety, accompanied with restlessness. The blood was still flowing, and she had lost between one and two quarts, which quantity was verified by the number of saturated cloths and the amount of coagula. The pillows were promptly removed; entreaties made as to quietude, and exhortations given in the hope of allaying fears and inspiring confidence, when at length the rate of the flow was greatly diminished.

The only pain as yet was merely an uneasy sensation in the back. Upon making an examination per vaginam, I found that dilatation had commenced, the lips of the os uteri were ductile, and the orifice of the womb was about one inch and a half in diameter. The fetal cranium could first be felt, but had not yet entered the superior strait.

During the examination a soft mass was encountered opposite the left acetabulum, which proved to be a coagulum of blood of considerable firmness.

I inadvertently removed this coagulum, which served as a barrier to the hemorrhage, and the result was a fresh discharge of blood; but the membranes at that moment becoming tense, measurably stanched the flow, relieving me temporarily from my embarrassment. Distinctly feeling the irregular and comparatively firm surface of the after-birth, overwhelmed me with the conviction that I had a case of *placenta prævia*.

The fears I had entertained as to the true character of the case were now realized. The broken utero-placental vessels were giving free outlet to the life's blood of both mother and child. The pains being few and slight, and the hemorrhage considerable, what was to be done in this untoward condition of affairs?

To avoid the impending peril, *prompt delivery* seemed to be the only alternative.

In this crisis of anxiety and danger, as the os uteri was dilatable, ought I to proceed at once to deliver by *version*?

Before entering upon so summary a process, I resolved on rupturing the membranes and giving egress to the liquor amnii, hoping thereby to induce the womb to condense itself and become invigorated with a proper degree of energy, whereby I might reasonably expect the prompt engagement of the head.

Learning that Mrs. V——'s previous labors had always been rapid after the flowing off of the water, confirmed me in the execution of my purpose.

Having ruptured the membranes, my expectations were not disappointed.

Cotemporaneously with the flow of waters was a powerful uterine contraction, evincing unmistakable

bly the inauguration of the parturient process. This was followed with another and another pain in rapid succession. For the moment I was anxious as to the fate of the child, fearing the placenta might be forced along in advance of the now rapidly engaging head.

Fortunately I was not doomed to experience so untoward an event.

With the extrusion of a few large coagula, the head was compelled to pass speedily into the excavation, and serve as a very complete and satisfactory compress to the open mouths of the ruptured utero-placental vessels. I now had it in my power to administer to my patient the consoling language of the hope of a speedy and safe termination of her parturition.

The child was born at half past seven o'clock, P. M., terminating the labor favorably to both mother and child.

Remarks.—In the management of this case, I was solemnly impressed with the necessity of *prompt action*.

This woman's general condition and conduct, her pulse, her countenance, the presence of haemorrhage and the absence of pains, forced upon my mind the conviction that I should, *without delay*, interfere.

The plan adopted seemed to have been instrumental in bringing about a favorable result.

Delay would have certainly caused this woman her life.

I, however, was not unmindful of the fact that if the first expedient failed, the operation of turning would be much more difficult *after* the waters were evacuated. When positive as to the true character of this case, my anxiety as to its result, was intensified by the vivid recollections, that possessed my mind, of two other cases, in each of which the placenta was *similarly located* on the cervix, occurring in the practice of neighboring physicians, one of which had been quite recently under my observation.

Called upon in those cases as an additional medical adviser, in each case, at the time I saw it, the last pint of blood was being exhausted!

I delivered those women by the process of version, and after delivery both sank and died from the effects of the exhaustive drain that had in each been protracted for many hours.

Hence, I conclude, that in the management of every case of *placenta praevia*, *early* and *prompt* action should characterize the conduct of the accoucheur. And it is this fact that I have desired to record.

Those women had both gone to the completion of their respective terms, and the child of one of them was born alive and did well. In seven hundred and twenty-nine labors which have been under

my care, three cases of *placenta praevia* have occurred, equal to one case in two hundred and forty-three labors.

A CASE OF BULLET WOUND THROUGH THE LUNG AND HEART.

By A. G. WALTER, M. D.

Of Pittsburg, Pa.

Gunshot wounds of the heart, the missile lodging in its walls or penetrating its cavities, have been known to exceptionally recover, while those passing entirely through its substance are almost immediately fatal. The narration of the subjoined case, considering the absence of symptoms indicative of grave injury of the heart, and the length of time—56 hours—from the infliction of the wound to its fatal termination, will not be without interest.

O. F., of this city, aged nineteen years, of good health, though tender constitution, was accidentally shot in the year 1856, in the left side of the abdomen by a slug, which entering four inches below and to the outside of the left nipple, about one inch below the level of and five inches outward from the processus ensiformis, and passing in an oblique and backward direction through the lower ribs toward the spine, had not been extracted. His recovery was painful, slow, yet perfect, after some months' confinement.

On December 10th, 1862, he was again wounded by accident in the left side of the chest by a small minie ball fired from a revolving pistol. The ball entered one inch to the outside, and one inch above the left nipple and four and a half inches from the median line of the sternum through the body of the fourth rib in an oblique direction from above, downward and backward into the interior of the thorax. The wound having been received near my office, the patient hastened to it, supported under the arms by some friends, yet staggering and unable to stand without assistance. His face was pale, the skin cool, his breathing natural and the pulse feeble and frequent. Threatened syncope was prevented by placing him in the recumbent posture. There was found a small ragged wound, barely admitting a common sized catheter, in the left chest, a few drops of blood only having escaped from it. Percussion and auscultation in front of the thorax revealed normal respiration, but posteriorly in the left side there was dulness and entire absence of respiratory murmur.

Having been removed to his home in the neighborhood, he soon complained of chilliness and pain about the wound, which was increased by deep inspiration and coughing. His respiration too became laborious, accelerated and more painful, the also

nasi widely separating at each respiratory act. His pulse was still small and frequent, its frequency to that of respiration being three to one, the action of the heart normal. Effusion of blood into the left pleura being present, and increasing, as indicated by the anæmic features, chillness of surface, feeble pulse and laborious breathing with pain in the region of the wound and lower ribs, it was considered desirable, in order to arrest the increasing internal bleeding, to maintain a low state of the circulation by the avoidance of all internal stimulation, which the prostrated condition of the patient otherwise would have demanded. But relief to the oppressed breathing from the accumulated extravasated blood being imperative, a free valvular incision of about one inch was made into the wound through dermis intercostal muscles and pleura at the upper edge of the fractured rib for its discharge, the body of the patient being inclined toward the injured side. The wound was then left open, yet protected by water dressings. Venous blood and air soon began to flow from the wound with decided relief to the embarrassed respiration. Liq. ammon. acet. with acet. morph. were freely given as tranquilizers. Ice in bladders was laid upon the left thorax, its front and side, revulsive sinapsisms and artificial warmth to the extremities were assiduously applied, and the strictest quietude of mind and body of the patient insisted upon. There was no sleep during the night, notwithstanding the liberal use of the morphia; vomiting set in several times, during which dark fluid blood was seen to issue from the wound in considerable quantity.

Next morning the patient's pulse was somewhat fuller, yet frequent, reaction appearing to arise; he felt more comfortable, yet complained of great pain in front of left side of chest, respiration being still laborious with heaving of the nostrils, thirst, great and frequent eructation of wind. Heart's action normal in rhythm and force. There was no restlessness, no anguish, no irregular and intermitting pulse, no cold sweats and cold limbs. Convincing that the maintenance of the *vita minima* in penetrating wounds of the thorax offers the best chance of recovery, and as reaction appeared to approach, blood was taken from the left arm to the extent of three pints, with great relief of pain and with improvement of respiration. External and internal antiphlogistics were continued with the application of leeches around the wound, the position upon the injured side not having been changed. He began to doze a good deal, vomited once, but had no cough, pulse remained frequent yet not weak; respiration short with moving of nostrils, no more bleeding from the wound, pain in front of left chest moderate, respiratory murmur still clear over the front of the injured part of

the thorax, thirst less urgent. On the morning of the 12th, the patient admitted of having slept a good deal better during the night, and of feeling refreshed. Respiration easier, not as laborious, less short and quick, the alæ nasi not being as much distended; pulse 120 in a minute and weak; face pale and features sharpened. Vomited several times and coughed up some dark colored retained blood; venous blood, too, flowing from the wound in small quantities. He is more thirsty again, though tongue moist, complains less of pain in the chest, but numbness of both arms and hands. External antiphlogistics were continued; internally carb. ammon. with anodynes were prescribed, with, however, faint hopes of ultimate success. Toward evening he became delirious and restless, and vomited frequently, pulse began to sink and fail at the wrist, face bathed in perspiration, hands cold, respiration quick and short with moaning, abdomen slightly tympanitic, yet heart and carotid still acting. Coma soon set in, and death took place fifty-six hours from the receipt of the injury.

Result of the post-mortem examination nine hours after death:—Rigor mortis and coldness of limbs; chest yet warm. On opening the thorax, the diaphragm was seen forced up into its cavity by the inflated intestines. The wound of the exterior of the left side of the chest was found continued into the left pleura through the body of the fourth rib, which had been shattered in its centre by the bullet, some small bony splinters being deposited upon the front of the left lung. The left pleura was filled with a great quantity of fluid dark-colored blood occupying its posterior part, and amounting to nearly two quarts, the lungs being pushed forward and inward toward the mediastinum. On the removal of the extravasated blood, the lower lobe of the left lung about one and a half inches from its lower border was found pierced by the ball, which thence had entered the pericardium. In this, too, a great quantity of liquid effused blood was collected, distending it to its utmost. The ball then had passed into the left ventricle through its anterior wall near the base and out of it posteriorly by an opening about one inch below its entrance. Thence it had perforated the posterior face of the pericardium and entering the left pleural sac again found its resting place upon the front of the seventh dorsal vertebra, burying itself behind the pleura in the space between the two pleural sacs, which meet in front of the vertebrae. The left lung was found congested and greatly atrophied, adhering in front and at the side to the pleura costalis by strong adhesions for a considerable space, the result of inflammatory action following the traumatic injury which he had received some years ago. There was some

bloody serum in the right pleura, the right lung being, however, healthy. Thus it will be seen that the ball in its destructive passage had, after entering the left side of the thorax, taken an oblique direction from above, forward, and outward, slightly down, inward and backward toward the median line of the body.

Reviewing the history of the case, the signs of the thoracic lesion, which were not in proportion to the extent of the injury, and the result of the post-mortem examination, it will be admitted, that the protraction of life of the unfortunate youth under these circumstances was unique and remarkable, the records of surgery not having offered a similar case to the present. As symptoms of injury of the heart had not been observed and even those of a wound of the lung were not well marked, pleuritic bloody effusion alone being the prominent feature, the case at first did not appear hopeless, till delirium set in, sinking of the pulse at the wrist took place and coma supervened.

Death having thus been stayed for fifty-six hours, where injuries usually, inevitably and almost immediately fatal were found to exist, it may not be presumptuous to claim that the treatment instituted for the preservation of life had to some extent at least, been the means of delaying the fatal issue. The left ventricle of the heart having been wounded by a double opening, it could not fail, that blood was forced by every pulsation into the pericardium and from thence into the left pleura. Accumulating here and filling both cavities, those of the pleura and pericardium to their utmost, it soon would have annihilated by mechanical pressure the action of the heart if free vent had not been given by enlarging the wound in the chest for the blood to escape, thus preventing paralysis of the heart and with it speedy death. The smallness, too, of the wounds in the heart, allowing but a small stream of blood to effuse into the cavities, prevented that sudden termination, which, under similar circumstances with a large heart wound would have followed. Venesection next, which was practised with the view of maintaining the *vis viva minima* for the purpose of facilitating the closure of the wound by plasma, must be considered as having assisted in procrastinating the fatal result.

Though death in this case was not owing, as usual, to *mechanical pressure* and *paralysis of the heart* from the accumulated blood in pleura and pericardium (the heart's action and that of the carotids having been observed to continue almost to the last after failure of the pulse at the wrist), but to *inanition*, the result of a double wound of the heart, through which blood was pumped out with every beat into the cavity of the chest, thus draining the system of the main stimu-

lus of its existence. Still, the treatment by freely enlarging the original wound, in order to relieve the agonizing oppression and to avert the compression and with it paralysis of the heart, and by venesection and antiphlogistics to assist nature in closing the wound by plastic deposit must remain the only judicious and tenable one left with the surgeon in injuries of such magnitude and danger. If allowing the blood to accumulate in the pericardium and the pleura without giving exit to it outwardly, is known to be followed by speedy and almost instantaneous death in gunshot wounds of the heart penetrating its substance, the issue of the present case will afford ample evidence of the soundness of the practice, by which distress and agony, the inevitable consequences of such grave injuries, may be prevented, and life at least protracted—a duty not only pleasing and gratifying to the guardian of health and life, but also as imperative on him as that of healing and restoring.

Hospital Reports.

PHILADELPHIA HOSPITAL, }
January 31st, 1863. }

CLINICAL SERVICE OF DR. DA COSTA.

Reported by Dr. H. C. Wood, Resident Physician.

Irritability of Stomach.

1. The first case presented, was J. H., age 32, native of Ireland. She had been drinking very hard for three weeks. Had been under treatment for three days. Her tongue was considerably coated. She had, when she first came in, slight fever. Was troubled with incessant vomiting. There was some tenderness in the epigastrium. She had been treated with Acid. hydrocyan. one drop every other hour, and Hydrarg. chl. mit. gr. one eighth every three hours with lime-water and milk, and small pieces of ice. Her diet was light and nutritious. It was remarked, that the conclusion which had been arrived at in this case was, that the mucous coat was slightly inflamed, and that the vomiting was not from mere irritability. In the latter condition the tongue is not at all coated, and no fever nor epigastric tenderness are present. In gastritis, however severe, the fever seldom rises very high. As to the treatment, the ice satisfies thirst and the cold acts directly as a sedative. As a remedy for emesis dependent on inflammation hydrocyanic acid is very serviceable. In such cases the mineral acids are too irritant. They are alone admissible when the coats are not diseased.

2. The second case was A. H. Been in the house six months, was treated for dropsy sometime since and cured. He has not been under treatment for a long time, but acting as an assistant nurse. A day or two since he commenced to vomit and is now greatly troubled with it. At the examination before the class it was remarked—There is no febrile disturbance or tenderness in the epigastrium. The liver is not enlarged. There is some very slight ascites. The lungs are normal excepting some slight bronchitis. The heart is free from disease. The absence

of fever, tenderness and foul tongue indicate that there is here merely gastric irritability. The slight dropsey present is not local, it is universal. When dropsey is so general the inference is, that it is owing either to change in the blood or to disease of kidneys. The stomach symptoms here will best be relieved by slight purgation and mineral acids. This man will be ordered four drops of aromatic sulphuric acid in a drachm of brandy every hour. This should be given iced. Counter irritation must be kept up over the stomach.

Partial Paralysis from Softening of the Brain.

The next case was G. H., age 24. Been in the house for several months. He was treated some time since and cured of rheumatism. Since then he has been pretty well occupying the post of assistant nurse in the wards. He has, however, been subject to attacks of trembling or rather shaking in his right leg so severe as to prevent him from walking, and indeed, sometimes from standing. These occurred more especially when he was excited by anything. They were on the increase until Monday last. Tuesday morning when he awoke he found that he had almost entirely lost the power over his right arm and leg. You will notice here, that this man apparently in good health, woke up one morning and found that he was partially paralysed. He was not stricken down suddenly whilst conscious, but the misfortune happened at some unknown period whilst sleeping. He has still some little power in the muscles of his arm, although the function of voluntary motion is almost entirely lost. He can still walk with aid, but his leg drags very much and the effort causes it to shake greatly. Sensation is not impaired either in the upper or lower extremity. Now, what is the cause of this partial paralysis? In the first place the heart, liver and kidneys must be interrogated, to see if they can answer this. His heart is not organically diseased. The absence of dropsey makes it probable that the kidneys are not at fault. The examination of the urine proves this. There is no enlargement of the liver and no icterode conjunctiva.

The symptoms then, must be purely nervous and arise in the nervous system. Examine his history. He has had for a long time obscure pains in his limbs with loss of power over the muscles—signs of defective innervation and pointing to some gradual change slowly progressing in the cerebro spinal axis. He further states that his memory has become impaired within a few months. This, with the existence of para- and not hemiplegia, shows that the brain is the seat of the disorder. The partial paralysis is then merely the first very decided symptom of a chronic alteration that has been long going on. What is the probable nature of this change? It is white softening. The immediate cause of the paralysis, the giving way of the nerve fibres. At what part of the brain has this happened? Physiology teaches us that the corpora striata is the cerebral ganglion that influences voluntary motion; therefore, as there is here no loss of sensibility, in that ganglion or its neighborhood must be the seat of the accident. But the question may arise why is this not a case of the giving way of a cerebral blood vessel, and the consequent formation of a clot? Because the paralysis is too incomplete. If this had happened he would not have any power over his muscles at all, besides the non-suddenness of the attack and the previous history negative this. Further, it may be asked, is not this paralysis merely functional? No! Functional loss of power coexists on both sides of the body. The treatment in this case will be as follows: Keep the patient perfectly quiet. Apply counter-irritation to the back of the neck. See that his bowels are freely opened once or twice daily. And administer cod liver oil and tonics.

Complete Paralysis from Effusion on the Brain.

The next case was B. W., native of Ireland, age 46 years. He entered the medical wards yesterday. A week ago whilst engaged in breaking stones he suddenly fell down unconscious. Since then he has been completely paralyzed on one side. Before entering this house some one gave him mercury freely and he is now badly ptyalized.

It was remarked that his gums are red and spongy and his breath loaded with the peculiar fetor pathognomonic of salivation. There is here complete paralysis on the right side. The power of speech is impaired. The mouth is drawn to one side. The arm and leg lie entirely from under the man's control. Sensibility is, also, very much impaired. Everything shows how complete is the paralysis. The history informs us that this wreck was the work of a moment. Here there is a case dependent, as was the last, on a brain lesion. The cause, is rupture of a blood vessel and the effusion of blood? Why is this diagnosticated? Because of first, the absence of previous nervous symptoms and the great suddenness of the attack. Secondly from the completeness of the paralysis. It must be owing to either a clot or very extensive softening. If the latter was the cause the man would not have been able to pursue his avocation up to the time of the paralytic stroke. His muscles are rigid, and strongly contracted, the flexors bending the fingers on the palm. This shows that there is still considerable irritation of the brain. This rigidity in recent paralysis has often to be attended to, lest it should become permanent. Mercury was freely given before he entered the hospital. That was right enough, but it should hardly have been pushed so far. Immediately after he was first stricken down the lancet was probably indicated. But to bleed him now, would be very bad practice. To remove or alleviate the irritation of the brain he shall be freely purged with the following pills:—

R. Extr. colocynth. comp. gr. iv.
Podophylin, gr. ss.
Gamboge, gr. iij. M.
Et ft. mass. in pill. iij. div.
Sig. Take both at bed time.

Blisters to the back of the neck are the classical remedy in almost all brain troubles. He shall have them.

The rigidity of the muscles must be counteracted by forcible extension by the nurse.

Medical Secrecy.

The Medical Societies of Paris are at present exercised in regard to the question, whether a physician when consulted with regard to the health of a patient in reference to marriage, should refuse to give any information? The societies of the eighth and ninth arrondissements have decided as to the obligation of secrecy; while the society of the seventh arrondissement has declared, that while in general, the above rule is correct, there are also circumstances in which the dictates of conscience are above the law. This last seems to us to be a dangerous decision, and one which might lead to great abuses.

Knowledge gained by a physician in his professional capacity should be deemed sacred, and not to be divulged under any circumstances. It is very questionable whether it be safe to make any exceptions to this rule, and if any be made, they must be extremely rare.—*Med. News and Lib.*

Medical Journals Discontinued.

The *British American Medical Journal*, published at Montreal, and the *American Medical Monthly*, published in New York, two of our best exchanges, wound up their issues with the close of the year 1862.

EDITORIAL DEPARTMENT.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, MAY 2, 1863.

THE TENTH VOLUME.

With this issue we begin the Tenth Volume of the MEDICAL AND SURGICAL REPORTER. It will be observed that we have omitted the month of April entirely, and begin the volume with May. This course was necessitated, to enable us to carry out new plans, which we had to adopt in consequence of the greatly increased cost of publication. Instead of increasing our subscription price as the newspapers have done, we have diminished the number of pages somewhat—but by the use of new type, and by increasing the size of the page, we have added about one-sixth the amount of reading matter to an equivalent number of pages published. We are thus enabled to reduce the quantity of paper required, while we give very little less reading matter than formerly. We propose to run this volume through the year and have the volumes begin after 1864, with January and July.

There will be no confusion in accounts with subscribers, as the numbers will run on regularly, and each paid subscriber is credited by the whole numbers, and not by date or volume.

We also resume the weekly issues, which were suspended last November, in consequence of the greatly increased cost of paper. This difficulty is not yet removed, by any means, as paper continues to be sold at about double the rates of a year ago. Still, the tendency is to a reduction of price, and we resume the weekly issues.—1st. In the belief that there will soon be a material diminution in the cost of paper, and 2d. In the hope that subscribers by the prompt renewal of subscriptions will enable us to continue to issue the REPORTER weekly, even if the price of paper should remain stationary. We have subscribers enough to enable us to do this, even without the addition of new ones. Promptitude, therefore, in remitting subscription money, and a little effort to extend the circulation of the REPORTER will react favorably on the enterprise, and be to the advantage of subscribers, and the profession.

Let it not be forgotten that newspapers have

added from twenty-five to fifty per cent. to their subscription price, while our price continues the same as when paper was but half its present cost—in other words, a difference to us of more than \$3,000 a year!

We need promptitude and cooperation on the part of subscribers. Hitherto, there has been little to complain of on this score, and we feel confident that there will not be in the future.

THE REPORTER

For Country Physicians.

It has always been our aim to make the REPORTER a practical journal to the profession, with a special eye to the wants of the *country practitioner*. For this reason we have preferred to detail the experience of the country physician rather than give lengthened theoretic essays, which are often written by men of no practical experience whatever. *Clinical experience* whether by the country or the city practitioner, we always welcome to our columns, where it is read with avidity, and profited by, by thousands who read our pages.

An intelligent correspondent, himself an author, and well acquainted with the periodical literature of this and other countries, writes—“Perhaps there is not a medical journal published in the world, that is more valuable to the country physician than yours. The reason for this, is to be found in the fact that the majority of the articles published in it are written by those who are engaged in a country practice, and they see diseases under a different phase from those who practice in large cities, and the treatment that may be useful in town, may be entirely abortive in the country.”

There is some truth in the latter remark, for the country practitioner undoubtedly sees disease in much simpler forms than are generally seen in cities. The various influences that are exerted on disease in cities, tend to give an asthenic form to most maladies, which must be taken into account in the treatment. Hence, the heroic practice of the country practitioner sometimes surprises the city physician.

It is our endeavor also to serve the country physician, by filling his orders for surgical instruments, drugs, books, etc., etc., without cost to him. In most cities this is a separate business,

and commissions are charged by the party who attends to it.

The same is true in regard to vaccine matter. Within the past few months we have accommodated hundreds of physicians with a supply of this indispensable material without cost, except for postage, and a return supply to enable us to furnish others. It has been the custom to charge physicians one dollar for a supply. Let it be understood that we *serve the profession*.

PHILADELPHIA IN 1862.

The Mayor's Message to Councils contains the following items of interest to the profession in regard to the condition of Philadelphia in 1862.

The city contains upward of 94,000 dwelling houses. The population, according to the census of 1860, was 568,034. This gives a population of only 6.02 to a dwelling house. We doubt whether there is another city in the world that can show so favorable a result in respect to the diffusion of population. There are very few "tenant houses" to be found in Philadelphia, such as are common in most large cities, where scores of families are sometimes crowded together, and filth, vermin, disease, and thriftlessness abound.

The Mayor calls attention to the importance of seeking a supply of water for the use of the inhabitants of this city from some other source than the present supply—the Schuylkill. The increase of sources of impurity that find their way into that stream makes it important that some means be adopted to furnish a supply of purer water.

We have just received the report of the Health officer, and extract from it the following:

Excluding the deaths in the military hospitals the mortality of the city was one in forty-three or 2.32 per cent. The absence of over fifty thousand volunteers from the city, of course, has a tendency to somewhat reduce the per centage of mortality.

The births during the year were 14,741, being 2,530 less than the preceding year. This difference is, of course, attributable to the existing state of war, and the consequent absence of so large a proportion of the male population.

The marriages were 4,662, being 245 more than during the preceding year. This under the circumstances, would indicate a very fair degree of

prosperity, more, perhaps, than was to be looked for.

The number of vaccinations reported by the city vaccine physicians was 4,026. The provisional municipal hospital for small-pox patients was closed in September. During the eight months it was open, 137 cases of that disease were admitted. The necessity of erecting a municipal hospital for contagious diseases is strongly urged upon the attention of Councils. It is very singular that so large a city as Philadelphia should be destitute of any place of refuge for those who are ill with contagious disorders. The matter, however, is now receiving the attention of the authorities, and it is to be hoped that a place will be provided before any evil results to the city for the want of such a hospital.

PHILADELPHIA SCHOOL OF ANATOMY.

A Change.

The Philadelphia School of Anatomy, almost as extensively known as the Medical Colleges of Philadelphia, we notice by a recent announcement, has passed into the management of Dr. JAMES E. GARRETSON, a gentleman of much promise, who for some time has been attached to the School as demonstrator, and who will bring to this specialty an energy, intelligence, and practical ability, which must command success.

The classes drawn to this School to hear the anatomical lectures of Dr. AGNEW were extraordinary, numbering at one time 235, certainly the largest private class ever assembled in this country or abroad. The secret of Dr. AGNEW's remarkable success, consisted in his aptness to teach, and in his popular bearing toward his pupils. His attainments are of the first order, and pupils can see when he is lecturing that he is perfectly familiar with his subject, and knows what he is teaching. His clinical instruction at the hospitals has, for these reasons, always been very popular and instructive. Dr. AGNEW is one of the best clinical teachers in Philadelphia.

Adjoining the Anatomical rooms is a building appropriated to teaching operative surgery; and to this department Dr. AGNEW contemplates giving his exclusive attention. Those desirous of preparing themselves for the realities of the life of a sur-

geon, either on the battle-field, or in the humbler sphere of private practice, cannot do better than avail themselves of this opportunity to acquire a knowledge of the principles and practice of surgery from a master.

The course of lectures on Operative Surgery commenced the 6th of April, and will be made most valuable to all contemplating a knowledge of practical surgery.

Notes and Comments.

Sulphate of Morphia administered through the Ear.

Dr. W. H. TRAVER, of Providence, R. I., writes as follows:

Mrs. C., a lady of nervous and excitable temperament was awakened from a sound sleep by a severe neuralgic pain in her right ear.

After looking in vain for a vial containing tincture of opium, some of which she had used in her ear on a former occasion, she found a powder of sulphate of morphia, (one-fourth grain) which her husband in compliance with her request put in her ear.

The pain stopped and she soon became much surprised and not a little alarmed to find herself under the influence of the drug, which, however, passed off in due time without any inconvenience.

Compliments to Surgeons.

Complimentary gifts seem to be epidemic just now, and we notice that a due share of them are falling to the lot of our profession. The attending surgeons in our military hospitals frequently become the recipients in the shape of bibles, gold-headed canes, dress swords, sashes and belts, gloves and other articles, at the hands of the patients, ward-masters and others.

This is a custom that is liable to abuse and may become a burden to the contributors and their families, who generally need all their wages. We trust that our profession will not encourage such gifts, from any purely selfish motives. Their mission is one of love and good will to man, and if they do their duty, that should be their reward in this world and their "exceeding great reward" hereafter.

Resident Physicians at the Philadelphia Hospital. (Almshouse.)

The terms of service of Drs. WOOD, MAURY, OWENS AND GIRVIN, Senior Resident Physicians in the Philadelphia Hospital, having expired, an election was held by the Board of Guardians of the Poor on the 23rd ult., for four junior resident

physicians. The election resulted in the choice of Drs. RICHARD G. LUDLOW, J. A. HAGY, EDWARD RHODES and JOSIAH REEVE. There were but eight candidates recommended by the medical board, from whom the above were elected. The four junior residents of the past six months, viz.: Drs. SHEPARD, KERPER, EVERSFIELD and MAGOFFIN, are now the senior residents.

Life Insurance—The Advantage of Forethought and Prudence.

We do not know to what extent our readers avail themselves of the advantages offered by having their lives insured for the benefit of their families. A little forethought of this kind has left many a family independent, who otherwise would have been penniless. The following item which we clip from a daily paper furnishes a case in point:

We have just seen checks to the amount of \$20,000 paid to the estate of the late Jas. C. Gillmore, of this city, being the insurance effected upon his life, through E. V. Machette, agent, \$10,000 in each, the Manhattan, of New York, and the Mutual Benefit of Newark, N. J. This insurance was made only about four months ago, and for less than \$350. Life Insurance, when paid thus promptly, is certainly a safe investment, and the money is paid at a time when it is most needed.

Physicians would do well to set forth the advantages of Life Insurance before their patients, as opportunity offers. They may, in this way be the means of securing independence to many a family. Nor should they neglect to provide for their own households in this way. We will take pleasure in putting any of our subscribers in communication with reliable Life Insurance offices or attending to the business for them.

Postage.

The new postage law, which goes into operation on the 1st of July, is favorable to our subscribers. By that law, the postage on the REPORTER is but twenty cents a year, prepaid quarterly.

American Medical Association.

The next regular Annual Meeting of the American Medical Association will be held in the City of Chicago, Illinois, on the first Tuesday in June, 1863. Every permanently organized State, County, and Local Medical Society is entitled to send one Delegate for every ten members, and one additional Delegate for a fraction of more than half of that number. Medical Colleges, and Hospitals containing over 100 beds for the sick, are entitled to two Delegates; and all other permanently organized Medical Institutions are entitled to one Delegate each.

It is to be hoped that there will be a full attendance from all parts of the country.

Correspondence.

DOMESTIC.

TREATMENT OF DIPHTHERIA.

TRENTON, O., March, 1863.

EDITOR MED. & SURG. REPORTER:—Having treated three or four hundred cases of Diphtheria, I have come to the following conclusions: 1st. That it is a constitutional disease. 2d. That it is not contagious. 3d. That it is always of an asthenic character. 4th. That the attending fever is an effort of nature to throw off the poison. Taking the above views of the disease, I adopt the following treatment, with a degree of success which far exceeds that of any other treatment that I have tried or have seen tried by others, to wit: As soon as the deposition is formed, I apply, with a camel-hair pencil, a solution of nitrate of silver, of the strength of one drachm to the ounce, to it and the surrounding surface once in twenty-four hours. If the tonsils present a dark red appearance, I use a gargle composed of salt, capsicum and vinegar. (See U. S. D.) If of bright red, a solution of tannin, or the chlorate of potash is applied with a swab or used as a gargle if the patient is old enough, every three or four hours. So much for local treatment.

But the most important part of the treatment is to support the system and neutralize the poison. For the former, I use two grain doses of quinine with one grain of capsicum, every four hours, for a child four or five years old, until ten or twelve grains are given, when I diminish the dose to one-half, and continue with it until the throat gets well. At the time I diminish the dose of these, I commence with sesquichloride of iron in from six to eight drop doses three times a day, and continue for at least ten days after the throat is well. By pursuing this plan, I am not troubled with those sequelæ, so much to be dreaded; such as paralysis, chorea, &c. Neither do any of my patients die of exhaustion, when my directions are followed. In one instance, the parotid glands were so much swollen as to cause the death of a patient in three hours from the time that it commenced swelling. In cases with much external swelling, I apply a poultice made of poke root, with the effect of reducing the swelling in a few hours.

E. A. OPPELT, M. D.

COMPOUND FRACTURE AND DISLOCATION OF THE ASTRAGALUS.

HAREWOOD HOSPITAL, WASH'TON, D. C. }
February 28th, 1863. }

EDITOR MED. & SURG. REPORTER:—In the American Journal of Medical Sciences of January, 1862, I noticed a case of compound fracture and dislocation of the astragalus, reported by Dr. BRYANT, copied from GUR's Hospital Reports.

Having had a somewhat similar case at this hospital, I desire to report it as an evidence that injuries

of the joints of less magnitude than the knee-joint, do not necessarily demand amputation.

SAMUEL V., age nineteen, private in Co. D, 9th N. J. S. M., admitted Dec. 23d, wounded December 13th, 1862, by a rifle ball penetrating the left ankle-joint on its external surface, taking a backward direction and making its exit posteriorly to the joint.

When admitted, the foot and ankle were greatly swollen, and the discharge from the wound profuse.

On Dec. 27th, the patient was etherized for the purpose of exploration, and it was found that the ball in its course had caused a comminuted fracture of the external malleolus, and also of the corresponding articulating surface of the astragalus.

The articulating surfaces of the fibula and astragalus were removed by the surgeon in charge, Dr. THOS. ANTISSELL, together with a dozen pieces from the posterior portion of the astragalus. The patient was then returned to my ward for further treatment.

The following was ordered:

R. Tinct. ferri chlor.,	13J.
Sig. Fifteen drops every four hours.	
R. Ferri et quinie citras,	3J.
Sherry wine,	13viii. M.
Sig. One teaspoonful every three hours.	

Simple dressings were applied to the wound. In a few days the discharge from the wound became profuse, rendering it especially necessary to pay close attention to his diet, which consisted of beef-steaks, mutton-chops, etc., with a few extras dictated by his changing appetite.

Jan'y 10th, found the discharge from the wound free, and healthy granulations at the bottom. I made a counter-opening at the opposite side from the wound, evacuating a large amount of pus.

Jan'y 15th, found it necessary to make another counter-opening, in order to evacuate pus from the deep fascie. From this time his general health began to improve, his appetite becoming less changeable.

Jan'y 20th, I made the third and last counter-opening, freeing a greater quantity of pus than by the previous openings.

Continuing the generous diet with tonics and stimulants, I soon had the satisfaction of seeing a most decided improvement in the condition of the foot, as also in his general health.

At this date I find the wound healed, and the patient regaining the use of the foot, having a considerable degree of motion in the ankle-joint.

LLOYD DORSEY, M. D.

A. A. Surgeon, U. S. A.

How they Live in New York.

The New York Sun says, that there are in that city 12,347 tenement houses, containing a total population of 401,376 persons—an average of about 33½ to each house. Of this number—a good sized town of itself—22,095 live in cellars, some of them scarcely fit for brutes. The ventilation in about one-third of these houses is bad, and of course so far injurious to health. In case of fire, &c., 8546 houses, containing a population of 258,901 souls, are provided with good means of escape, while 3801 houses, with a population of 125,380, are deficient in this respect.

Army and Navy News.

Assignments of Medical Officers.

Assistant Surgeon V. B. HUBBARD, U. S. A., of McClellan Hospital, at Nicetown, assigned to duty as Surgeon in charge of Convalescent Hospital, Sixteenth and Filbert streets.

Dr. JAS. BRYAN, formerly of this City, and lately connected with the Department of North Carolina, has lately been assigned to the Department of Tennessee.

Changes of Medical Officers.

Surgeon W. S. FORBES, U. S. Vols., of Convalescent Hospital, Philadelphia, to report to the General commanding Department of the Tennessee.

Assistant Surgeon E. S. DUNSTER, U. S. A., of Turner's Lane, to report for duty in the Surgeon-General's office.

Assistant Surgeons J. S. BILLINGS and E. D. W. BRENEMAN, U. S. A., of West Philadelphia Hospital, to report to the Medical Director, Army of the Potowmac.

Assistant Surgeon A. H. SMITH, U. S. A., of West Philadelphia Hospital, to report to the General commanding Department of the Cumberland.

THE HEALTH OF THE ARMY. Important Report of Surgeon Woodward to Surgeon-General Hammond.

Previous to the adjournment of Congress, Surgeon-General HAMMOND transmitted to that body the following elaborate and highly interesting document relating to the health and mortality of the Union army. The report is the production of Dr. J. J. WOODWARD, one of the most eminent surgeons in the service:

SURGEON-GENERAL'S OFFICE,
WASHINGTON, D. C., Feb. 25, 1863.

Brig.-Gen. W. A. Hammond, Sur. Gen. U. S. A.

GENERAL:—In reply to your communication of yesterday, I have the honor to inform you that the work of preparing the Medical History of the Rebellion is steadily progressing.

Besides the statistical reports, descriptions and plans of the General Hospitals of the country, with a large number of reports and memoirs on various subjects connected with the medical history of the several armies, have been collected, and are being digested.

I herewith transmit the statistical summary of the diseases and deaths (not including the killed in battle) of the armies of the United States for the fiscal year terminating June 30, 1862. The Medical History from the outbreak of the rebellion to the same date, will, it is believed, be completed in time to lay before Congress at the opening of its next session. The figures which I now present are far from representing completely the whole number of cases of disease, and all the deaths occurring during the year; the incompleteness arising partly from the fact that the regimental Surgeons were at first very negligent about making the reports required by regulations. Other elements of incompleteness, however, must exist in the case of every great army in time of war, especially during active campaigns covering great regions of country. So notably has this been the case heretofore, that no great army actively engaged in hostile operations has ever furnished statistical tables of even approximate accuracy.

The best and most complete tables of this sort ever published were probably those of the British army during the Crimean war. Yet, although the well-disciplined and organized body of regular troops

sent to the Crimea was very small, compared with the vast forces which have been put into the field during the present struggle; and although its operations were not characterized by the frequent and rapid movements which have been necessitated by the great extent of the regions over which our own operations have extended, there will be found deficiencies even in these reports. The reports of the French army engaged in the same war are still more incomplete.

In our own country, during the Mexican war, the reports received at the Surgeon-General's office were so incomplete, and contained such numerous sources of error, that the attempt to compile the usual statistical reports of disease from the records of the Bureau was reluctantly abandoned.

The difficulties which interfere with the collection of medical statistics from armies actually engaged in warfare, and especially under circumstances such as those in which our armies are at present involved, can readily be appreciated.

Aside from the fact that many of the Surgeons first appointed were some time in mastering the details of their official duties, and frequently did not begin to keep the records and make the reports required by regulation until they had been some little time in service, many deficiencies have arisen from the capture of reports by the enemy, from the want of a due supply of books, blanks, and often even of paper, in the case of regiments making rapid movements with little transportation, and very frequently, especially after battles, and in the case of great general hospitals suddenly established, from the surgical force being so small in proportion to the gigantic tasks imposed upon it, that the time of medical officers was too fully occupied by the practical task of providing for the more necessary wants of the sick and wounded to allow them to keep the records needed to serve as a basis for the required reports.

Notwithstanding the deficiencies arising in this manner, it is believed that so far as they go the statistics compiled amidst so many difficulties, have very great value, and that the deductions drawn from the numerous reports recorded can with safety be regarded as approximating the results which would have been attained had returns been duly made by all the troops in the field. For as the report of each regiment and detachment is accompanied by a record of its "mean strength," the mean strength of that portion of the army represented by the reports is readily ascertained, and serves for the calculation of ratios which can be applied with probable accuracy to the whole force.

[To be continued.]

News and Miscellany.

Association of Medical Superintendents of American Institutions for the Insane.

The seventeenth annual meeting of the Association of Medical Superintendents of American Institutions for the Insane, will be held at the "Metropolitan Hotel," in the City of New York, on Tuesday, May 19th, 1863, at 10, A. M.

Pension Examining Surgeons.

The following appointments of Examining Surgeons have been made by the Commissioner of Pensions:

Michigan.—Dr. JAS. A. BROWN, Detroit.

Illinois.—Dr. L. K. PARKS, Annapolis.

Pennsylvania.—Drs. J. W. BELLows, Knoxville; EMANUEL MANLEY, Linwood.

New Jersey.—Dr. CHARLES F. CLARK, Woodbury.

Maine.—Dr. JOHN N. HOUGHTON, Phillips.

Answers to Correspondents.

Dr. E. D. R., PENNSYLVANIA.—The price of the work on the "Successful Treatment of Scarlet Fever," by Hood, is \$2.50. It can be imported, if you desire a copy.

Dr. C. A. S., PENNSYLVANIA.—There is a regular Army Board now in session; to appear before it you must possess a permit from the Secretary of War.

Dr. A. W. E., MARYLAND.—We have mailed a copy of "Mott's Surgical Clinics" to your address, also the desired back numbers of the *REPORTER*.

Dr. T. G. D., MASSACHUSETTS.—We believe that artificial arms are not furnished by government. We are not positive as to the reason, but we think the Surgeon-General was not satisfied with the specimens exhibited to him.

Dr. C. F. H., KENTUCKY.—The new Dispensary is not yet issued; the delay is unaccountable, it should have been out long since.

Communications Received, for the week ending April 1st, 1863.—(The asterisk indicates a cash enclosure):—
 Connecticut.—Dra. D Fritchard, L J Sanford: *Delaware*;—Dr. A. Mauck: *District of Columbia*;—Dra. A W Campbell, S S Huber: *Illinois*;—Dr. G Irwin: *Indiana*;—Dra. D H Henry, Dr Clark, C N Blount, W F King: *Iowa*;—Dra. P R Everett, S E Rhinehart*: *Kentucky*;—Dra. C F Hart*: *Maine*;—Dra. C Briggs, S Bradbury*: *Massachusetts*;—Dra. W R Weiden, P T Kendall*, S Cutler, J L Clark*: *Michigan*;—Dra. J Anderson, C A Sackrider, J W Martin: *Missouri*;—Dr. J H Brindwell: *New Hampshire*;—Dra. E Perry, L P Sawyer: *New Jersey*;—Dra. W E Whitehead, Stout, J B Burdett: *New York*;—Dra. O O Burgess, E B Phelps*, G Valentiny*: *W F J Thiers*, W A M Culbert, H A Balland*: *Beetles and Gray*;—Dra. N Chapman; Messrs. W Wood & Co: *Ohio*;—Dra. M Mitchell, H C Coffman*, E A Oppelt, A B Hershiser*: *Ind N Coomer*, H S Chaney*: *T R Simpson*;—J B Jacobs, C P Smith, B Case: *Pennsylvania*;—Dra. C M Hill, R Brown*, A Martin: *Ind L B Livingston*, A Farmworth, J P Norman, A Drben*, C S Waage, M Emanuel*, C H Smith*, C R Earley, J M Stevenson, G Ellis, W Reichardt*: *A Sheller*, U Q Davis, J H Keefer, E Harvey, M Miller, A Carl*, A P Dutcher: *Rhode Island*;—Dr. J F Aldrich*: *Vermont*;—Dra. E B Skinner*, S Newell*: *Virginia*;—Dra. J C Spear, J H Legge, J C Hupp, A A Allison*: *Wisconsin*;—Dr. P W Chase*: **OFFICE PAYMENTS**.—Dra. Carter, Hunt, Edmonds, Haines, Rogers, Bishop, Ames.

Communications Received, for the week ending April 8th, 1863.—(The asterisk * indicates a cash enclosure):—
 Connecticut.—Dra. L J Sanford, W A Bennett: *District of Columbia*;—Dra. W J C Duhamel, E F Bates: *Illinois*;—Mr. H P Throp: *Indiana*;—Dra. C N Blount, W F King: *Iowa*;—Dra. J Williamson, M Marbourg: *Kentucky*;—Dr. W Miller: *Maine*;—Dra. D Flanders*, S Fitch: *Massachusetts*;—Dra. T H Bartlett*, J Fliske, W M Babbit*: *Woodward: Michigan*;—Dra. J M Teft*, H W Bell & Son*: *New Hampshire*;—Dr. J F Sargent: *New Jersey*;—Dra. Z Reed, I S Mulford, E P Blackwell: *New York*;—Dra. J Swinburne*: J A Ferguson, M H Shaw*, G S Bedford, E Fields, J K Snell: *Ohio*;—Dra. L M Lawson*, S Glass, W T Ridenour, A Allen*: J Weirich*, B B Ogden, H Vigors, J S Cunningham*: *Pennsylvania*;—Dra. F Wertz, E Lichy, J G Lightner*: R B Fruitt, J B Martin*: J Q Robinson, D C Galbraith*, G B Stockton*: J W Eldred, W F Church, M L Meyers, C A Shure, A B Dill, J McCreedy, H S Clemens*: *Vermont*;—Dr. L C Butler: *Virginia*;—Dra. F T Marshman, J T Calhoun: *Wisconsin*;—Dr. A E Smith*: **OFFICE PAYMENTS**.—Dra. Whilden, Gray, Wallans, Wilson.

MARRIED.

BRADLEY—JARVIS.—In New York, on Wednesday, March 25, by Rev. E. Y. Higbee, D.D., of Trinity Church, Edward Bradley, M.D., and Mrs. Mary E. Jarvis, all of that city.

MUNDY—ANDEWS.—In Salem, Mass., on Thursday, March 26, by Rev. E. B. Wilson, Edward C. Mundy, M.D., United States Army, and Laura Josephine, daughter of Hon. Joseph Andrews, of Salem.

RICHARDSON—McDERMOTT.—On the 19th ult., by Rev. Mr. Woart, John P. Richardson, Assistant Surgeon 82d regiment, P. V., and Miss Angelina McDermott, both of Norristown.

VARLEY—PIKE.—At Boston, March 26, by the Rev. M. P. Stickney, C. D. Varley, M.D., of New York, and Mrs. Eliza M. Pike, of Brookline.

SMITH—ELWES.—In Elizabeth, N. J., on Wednesday, March 18, at St. John's Church, by Rev. Mr. Clark, Albert M. Smith, of New York, and Anna P. Elwes, only daughter of the late Dr. A. W. Elwes, U. S. Army.

SIMMS—GALBRAITH.—In Philadelphia, March 12th, 1863, by the Rev. Mr. Kennedy, D.D., Dr. J. H. Simms and Miss Mary A. Galbraith, daughter of Robert Galbraith, all of Wilmington, Del.

DIED.

CADY.—On the evening of the 25th instant, Mary Isabel, only daughter of Dr. C. E. and Annie W. Cady, aged 5 months.
 HINTON.—On Friday evening, March 27, after a short and severe illness, Frank Elsworth, son of Dr. J. H. and Sarah Hinton, aged 3 years, 3 months and 16 days.
 PENNY.—March 23d, 1863, Dr. William Penny, of McKeesport, Pa., in the 32d year of his age.

	Philadelphia. Week ending April 25	New York. Week ending April 18	Boston. Week ending April 18
Population in 1860.....	565,529	505,651	177,812
<i>Thermometer.</i>			
Highest.....	.....	.....	.....
Lowest.....	.....	.....	.....
Mean.....	.....	.....	.....
<i>Barometer.</i>			
Mean.....	.....	.....	.....
<i>Mortality.</i>			
Male.....	138	252	33
Females.....	140	198	34
Adults.....	132	195	.....
Under 15 years.....	135	.....	.....
Under 2 years.....	84	147	.....
Total.....	275	450	67
Per-cent-age to population.....	.000481	.000558	.000376
American.....	210	310	.....
Foreign.....	51	140	.....
Negro.....	12	13	.....
<i>I.—ZYMOTIC DISEASES.</i>			
Cholera, Asiatic.....	...	...	...
Cholera Infantum.....	...	1	...
Cholera Morbus.....	...	...	...
Croup.....	9	16	12
Diarrhoea.....	7	2	...
Diphtheria.....	3	24	1
Dysentery.....	1	2	...
Erysipelas.....	1	2	...
Fever, Intermittent.....	...	...	...
Fever, Remittent.....	...	...	...
Fever, Scarlet.....	10	19	4
Fever, Typhoid.....	8	4	1
Fever, Typhus.....	7	4	...
Fever, Yellow.....	...	...	...
Hooping-cough.....	3	...	1
Influenza.....	2	5	...
Measles.....	2	2	...
Small Pox.....	...	...	...
Syphilis.....	...	...	...
Thrush.....	...	...	...
<i>II.—SPORADIC DISEASES.</i>			
Albuminuria.....	...	...	...
Apoplexy.....	3	8	2
Consumption.....	38	84	15
Convulsions.....	9	35	1
Dropsey.....	5	21	2
Gunshot Wounds.....	1	...	...
Intemperance.....	...	...	1
Masasmus.....	3	22	3
Pleurisy.....	2
Pneumonia.....	25	...	5
Puerperal Fever.....
Scrofula.....	1	...	1
Violence.....

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One page.....	15	40	85	160	250

TO SUBSCRIBERS.

It has been thought best, in order to accomplish a contemplated change in the commencement of the volumes, and to introduce improvements long intended, to commence Volume Ten of the **Reporter** with the month of May, leaving April out of our calendar. The volume will run to the end of the year, after which the **Volumes will Commence with January and July**. We have the **Delayed Numbers of Volume Eight** about **Ready to Send Out**. A part of them would have been mailed some time since, but for a misunderstanding with the Post Office authorities, who refuse to let them pass, except as transient matter, to be prepaid. We have thought best to make further inquiry into the matter, and whatever the result, subscribers will receive them in due time. If we must prepay the postage, it will entail on us a very heavy and unexpected expense; but it will be met, and all the numbers mailed as rapidly as possible.

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		3 60 4 00

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All the numbers of Volume Four.	
No. 207, Oct. 6, 1860.	No. 272-3, Jan. 4, 11, 1862.
" 225, Feb. 9, 1861.	" 274-5, Jan. 18, 25, 1862.
" 250, Aug. 3, 1861.	" 276-7, Feb. 1, 8, 1862.
" 251, Aug. 10, 1861.	" 278-9, Feb. 15, 22, 1862.
" 252-60, Oct. 5, 12, 1861.	" 281-2, March 1, 8, 1862.
" 264, Nov. 9, 1861.	" 316, Nov. 8, 1862.
" 269, Dec. 14, 1861.	" 317, Nov. 15, 1862.
" 270-1, Dec. 21, 28, 1861.	" 318, Nov. 22, 1862.

Special Notice.—Our agents are authorized to receive subscriptions, and collect from old subscribers, in accordance with the published terms. To prevent mistakes, subscribers will receive, in addition to the receipt given by the agent, a receipt from this office. If this is not received in the second, third, or fourth number after the payment is made, subscribers will please notify us. **Agents.**—J. ROWE SMITH, S. D. ALLEN, and H. P. THROOP, are now traveling in their respective fields; they are in every respect to be relied on, and their receipt will be acknowledged by us. Changes in this list should be noticed.

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Surgical do. at 10 1/2 A. M., by Dr. D. H. Agnew.

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Thursday—Dr. Turnbull, at 1 P. M. Tuesday and Friday—Dr. Darrach, at 12 M.; Dr. Klap, at 5 P. M. Wednesday and

Saturday—Dr. Neff, at 12; Dr. Tryon, at 1; and Dr. Morehouse, at 6 P. M. Monday and Thursday—Dr. Moigs, at 5 P. M. Tuesday and Friday—Dr. Atkinson, at 3 1/2 P. M.

UNIVERSITY OF PENNSYLVANIA, Ninth, above Chestnut.

Surgical Clinics on Wednesdays and Saturdays, at 12 1/2 M.

JEFFERSON MEDICAL COLLEGE, Tenth, above Walnut.

Clinics on Wednesdays and Saturdays, at 12 1/2 M.

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(Published Weekly.)

EDITOR, - - - - S. W. BUTLER, M.D.

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